Revised December 1974 STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH SFUND RECORDS CTR 999000820 HAULER OF WASTE (Must be filled by hauler) PRODUCER OF WASTE (Must be filled by producer) ASBURY OIL CO. PRINT OR TYPE 13419 Halldale Ave., Gardena, California 90249 Pick up Address: Phone: (213) 321-1392 Telephone Number: (P.O. or Contract No. State Liquid Waste Hauler's Registration No. (If applicable): Order Placed By: Type of Process No. of Loads or Trips: _Unit No._ which Produced Wastes: CODE NO (Examples: metal plating, equipment cleaning, oil drilling — wastewater treatment, pickling bath, petroleum refining) The described waste was hauled by me to the disposal DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of perjury that the foregoing is true and correct. 1. Acid solution 6. Tetraethyl lead sludge 11. Contaminated soil and sand 2. Alkaline solution 7. Chemical toilet wastes 12. Cannery waste DISPOSER OF WASTE (Must be filled by disposer) 3. Pesticides 8. Tank bottom sediment 13. Latex weste 14. Mud and water 4. Paint sludge Name (print or type): 5. Solvent 10. Drilling mud Montorey Fark, Calif. 91754 15. D Brine The hauler above delivered the described waste to this disposal facility and it was an acceptable Other (Specify) material under the terms of RWQCB requirements. State Department of Health regulations, and CODE NO local restrictions. Components: (Examples: Hydrochioric acid, lime, caustic sode, Concentration: phenolics, solvents (list), metals (list), Upper Lower ppm Quantity measured at site (if applicable): organics (list), cyanide) Handling Method(s): ☐ recovery treatment (specify): ☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well other (specify): If waste is held for disposal elsewiere specify fingle focation: Disposal Date: Hazardous Properties of Waste: I certify (or declare) under penalty of perjury that the foregoing is true and correct. none ☐ toxic ☐ flammable corrosive explosive barrels **V** (42 gal.) other (SPECIFY) Bulk Volume:...\ The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. ☐ drums ☐ cartons Containers: Other. □ solid X liquid Physical State: Special Handling Instructions (if any): _ The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING I certify (or declare) under penalty of perjury HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. that the foregoing is true and correct.

D.O.T. Proper Shipping Name_